

APPLICATION DATA SHEET

Application number::

Filing Date::

Application Type::

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Sequence submission?:: None

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: SURGICAL PERFORATION DEVICE WITH CURVE

Attorney Docket Number:: 12361-15US JEL

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 11

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Secrecy Order in Parent Appl.?:: No

INVENTOR INFORMATION

Inventor Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full capacity

Given name:: Amanda

Middle name:: April

Family name:: HARTLEY

Name Suffix::

City of Residence:: Brampton

State or Province of Residence:: ON

Country of Residence:: Canada

Street:: 8 Redcastle St.

City:: Brampton

State or Province:: ON

Country:: Canada

Postal or Zip Code:: L7A 1P1

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full capacity
Given name:: Krishan
Middle name::
Family name:: SHAH
Name Suffix::
City of Residence:: Mississauga
State or Province of Residence:: ON
Country of Residence:: Canada
Street:: 5102 Durie Rd.
City:: Mississauga
State or Province:: ON
Country:: Canada
Postal or Zip Code:: L5M 2C7

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full capacity
Given name:: Naheed
Middle name::
Family name:: VISRAM
Name Suffix::
City of Residence:: Markham
State or Province of Residence:: ON
Country of Residence:: Canada
Street:: 2 Buttonfield Rd.
City:: Markham
State or Province:: ON
Country:: Canada
Postal or Zip Code:: L3R 9E9

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full capacity
Given name:: Frank
Middle name::
Family name:: BAYLIS
Name Suffix::
City of Residence:: Beaconsfield
State or Province of Residence:: PQ

Country of Residence:: Canada
Street:: 658 Robin Ave.
City:: Beaconsfield
State or Province:: PQ
Country:: Canada
Postal or Zip Code:: H9W 1R8

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 020988
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REPRESENTATIVE INFORMATION

Representative Customer Number:: 020988

ASSIGNEE INFORMATION

Assignee name:: Baylis Medical Company Inc.
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City:: Montreal
State or Province:: PQ
Country:: Canada
Postal or Zip Code:: H3W 3C3